DMHRSi

Defense Medical

Human Resources System Internet

Change is the law of life. And those who look only to the past or the present are certain to miss the future.

- John F. Kennedy

Message from the Director of Human Resources Solutions

David Gervais
Director, Human Resources Solutions

As we move on to Systems Qualification Testing (SQT) at our three prototype sites, we will continue to provide you with up-to-date information on the status of DMHRS*i* testing and implementation. Featured in this month's edition is SQT, scheduled to begin in August; the role of the Human Resources Steering Committee (HRSC); and the positive changes and benefits that DMHRS*i* will bring to your facility.

I am pleased to announce that we have just received our Authority to Operate (ATO) status and would like to thank all those who were involved in making this happen. A very special thank you is extended to Shawn VanTerpool, our Security Manager, without whose efforts we would not have reached this goal.

As always, I am interested in your feedback. Please email me at ritpowebmaster@tma.osd.mil with any requests for information, newsletter suggestions, or other comments. ■

Managing Change: DMHRS*i* Implementation

DMHRS*i* will bring change to your organization. This change will be positive and will significantly improve the ability of your Service and MTF to manage human resources. The integration and use of this application will provide a new and innovative approach to consolidating data from various HR systems local databases. DMHRSi will be accessible by users at all levels across the Tri-Services. These changes will be implemented with planning, training and guidance to prepare users for the new DMHRS*i* application.

What will Change with DMHRSi?

DMHRS*i* will facilitate data feeds from Service source systems and local/site databases. DMHRS*i* will ensure the data is current and has the most utility and value. DMHRS*i* will then provide additional capabilities that enable users to access, analyze and report on this information.

Functional users (super users) will have new automated tools for analyzing and reporting on the information within the DMHRS*i* application. Each of the five functional areas (Manpower, Personnel, Labor Costing, Education and Training, and Readiness) will be able to share common information. The functional users within these areas will have greater access to information that is more current, timely and integrated across the full MHS. More reporting capabilities for managers will also be available.

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Self-service users will have the ability to use DMHRS*i* to update selected personnel information, schedule themselves for education and training courses, and complete their MEPRS timecards via the automated system.

How will DMHRSi Affect me?

The implementation of DMHRS*i* will provide users with benefits and features to facilitate improved work processes and extend the user's ability to perform daily functions. Four primary areas associated with change in the job environment are:

Importance and Contribution

The integration of DMHRS*i* within each command will greatly increase the contribution functional users can make. The ability for users to provide updated, accurate information and to analyze and report it to the higher management levels will be essential to the medical community's goal of better managing personnel and costs. For example, the collection of more accurate information on personnel competencies and readiness status will enhance the ability to match critical skills with important deployment requirements.

Processes and Procedures

As each Service incorporates DMHRS*i* into its work processes and procedures, there will be an opportunity to shift workload from labor intensive, hard-to-perform tasks to more efficient automated and supportable tasks. For example, the completion, collection, and analysis of time reporting will be significantly reduced because the process used to capture, consolidate and report time by project or activity has been automated.

Ability to Perform New Duties

Each user will receive the required level of training needed to fully utilize DMHRS*i*. Part of the implementation process will be to prepare users to effectively use the application to perform their current or new tasks, such as electronic time keeping.

Workload

In most cases, DMHRS*i* will be a "labor-saving" tool that allows you to perform the same or similar task without reliance on antiquated, paper-based systems. Workload may shift between users, i.e. tasks that used to be performed by one set of functional offices or users may best be performed with DMHRS*i* by another office within the MTF. Overall, the effort applied by the MTF staff should be reduced by DMHRS*i* enabling users to apply those timesavings against other tasks and functions. As an example, individuals will be able to update their own personnel information and not require the assistance from organizational HR specialists. The collection of information during in-processing will be shared across multiple offices and functions and reduce data entry.

The changes that DMHRS*i* will bring will positively affect you, your facility and your Service. With enhanced access to accurate human resource data, the MHS can better manage its resources. ■

"**DMHRS*i* will standardize human resource management and eliminate the need for Service unique systems."**

- **Dave Gervais**, Director, Human Resources Solutions To read more, find the **June 2003 Press Release** online at www.ritpo.ha.osd.mil.
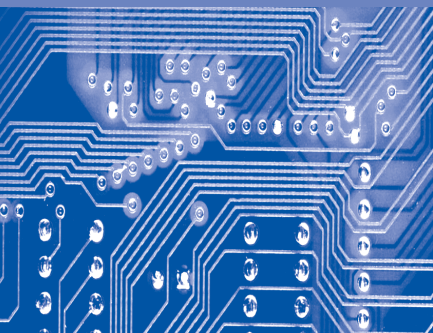
DMHRSi Prepares for System Qualification Test (SQT)

DMHRS*i* has completed System Integration Testing (SIT), which was testing the system in the laboratory against all documented functional and technical requirements. DMHRS*i* is now ready for System Qualification Testing (SQT) that will take place at the three prototype sites beginning later this summer. One site has been selected from each Service: Winn Army Community Hospital, Fort Stewart, GA; Naval Hospital Jacksonville, Jacksonville, FL; and Malcolm Grow Medical Center, Andrews AFB, MD.

Purpose
The purpose of SQT is to demonstrate that DMHRS*i* can be operated successfully, by its intended user community, to evaluate completeness of training and to confirm the application is operational within the MTF's infrastructure. The completion of SQT is a requirement to obtain an MHS-wide implementation decision.

Approach
SQT will be led by an Independent Verification and Validation (IV & V) contractor and with the participation of the Resources Information Technology Program Office (RITPO). Service and site-level functional experts will follow operational scenarios, executing various tasks in DMHRS*i*. The operational scenarios will ensure that all aspects and functional requirements of the application are fully tested and functioning. The IV&V contractor will then validate that the processes, functionalities, and outcomes all meet expectations and Service requirements.

SQT Points of Contact
Each of the prototype sites has been assigned a Site Coordinator to assist the facility and staff through the demonstration phase. These site coordinators will now assist in the SQT preparation and evaluation phase. Preparation activities include the collection and verification of local data, the identification of who needs to be trained, and the scheduling of facilities. The following Coordinators are currently working at their respective sites. ■

Winn Army Community Hospital
Site Coordinator, Army
Ms. Marla Stripling
Email: marla.stripling@se.amedd.army.mil

Naval Hospital Jacksonville
Site Coordinator, Navy
Mr. Paul Henson
Email: pahenson@sar.med.navy.mil

Malcolm Grow Medical Center
Site Coordinator, Air Force
Mr. Ron Beckett
Email: ron.beckett@mgmc.af.mil

Did you know...

…DMHRS*i* supports a Congressional mandate that the Services track medical labor expenses via the use of MEPRS functional cost codes?

…DMHRS*i* supports active duty, Reserves, DoD civilians, contractors, borrowed personnel and even volunteers?

…there will be over 170,000 authorized users?

DMHRSi Receives Authority to Operate (ATO)

DMHRS*i* was granted a three year Accreditation/Authority to Operate (ATO) by COL Mark Lyford, the Designated Approval Authority (DAA) and Program Executive Officer, Joint Medical Information Systems (JMIS). This ATO was granted based upon RITPO's presentation of all DMHRS*i* Project Information Assurance/DITSCAP documentation.

This is the first ATO/Accreditation granted, within the MHS, to a Commercial-Off-The-Shelf (COTS) product of this size and magnitude.

Congratulations to Shawn VanTerpool, RITPO Security Manager, and all the folks who have worked so hard to achieve this accreditation for our DMHRS*i* product. ■

Human Resources Steering Committee (HRSC) Guides DMHRSi Development and Implementation

The HRSC was established in FY 2001 by the Deputy Assistant Secretary of Defense for Health Budgets and Financial Policy. This Tri-Service committee functions much like the traditional resource management steering committee, but was specifically constituted to address the issues relating to personnel and manpower within the MHS. The committee sponsor is Mr. Nelson Ford, the Deputy Assistant Secretary of Defense for Health Budgets and Financial Policy, who is responsible for Defense Health Program (DHP) resources management as the CFO. His Principal Director, Mr. Ed Chan, serves as a co-chair. Although the Services' military end strength is a Title 10 responsibility, the DHP is responsible for programming the resources to accomplish the MHS's mission. These resources include military personnel as well as all other resources funded by the DHP. With labor costs accounting for approximately 60% of the resources used within the MHS, enhanced accuracy in planning, programming, and budgeting of human capital has become increasingly important. The committee addresses many important issues, but its current major area of focus is coordinating the fielding of *DMHRSi*.

The current co-chair, which is rotated on an annual basis, is Mr. Maurice Yaglom, (Army's SG's Deputy Director of Program Analysis and Evaluation) who just recently took over from Mr. Bill Knox, Assistant Chief for Personnel and Manpower, Bureau of Medicine and Surgery. Other Service members to the HRSC are COL Larry Campbell (Army), COL George Small and Mr. Chet Gooding (Air Force) and Mr. Bill Lorenzen (Navy). TMA has two voting members, the Special Pays Policy Analyst and the Senior Program Analyst for personnel. Lt Col Frank Ali is the TMA non-voting representative from the Information Management Directorate, the information requirements development side of TMA.

Currently the HRSC, through its Service Surgeon General appointed members, is reviewing the final plans for the DMHRS*i* SQT at the three prototype sites. They are also reviewing Service Acceptance Criteria and, through the selected Service functional experts, is completing the review of the requirements in Version 1.0, and the training requirements needed to ensure a successful deployment. HRSC members, acting on behalf of their respective Deputy SGs, will be the primary liaison for evaluating SQT, reviewing critical system change requests to meet Service needs, and developing service unique implementing instructions required before system-wide implementation occurs.

HRSC members have acknowledged the potential and significant value in DMHRS*i* as a management tool, but have also noted that this complicated enterprise-wide resource planning tool must be user friendly, meet the needs of its customers and be appropriately supported at the MTF level. The HRSC meets every other week with the RITPO team and their Service functional experts to oversee and guide this sensitive phase of the DMHRS*i* project. ■